

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L09022					
1. Entity Name MINAL KRISHNAMURTHY, M.D., P.A.					
Principal Place of Business 1405 CENTERVILLE RD 4000 TALLAHASSEE, FL 32308			Mailing Address 3776 BOBBIN BROOK CIRCLE TALLAHASSEE, FL 32312		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2963240	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KRISHNAMURTHY, MINAL 1211 HODGES DRIVE TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS KRISHNAMURTHY, MINAL 1405 CENTERVILLE RD #4000 TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1100000455624 03/15/06-80065-014 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KRISHNAMURTHY, MINAL 1405 CENTERVILLE RD #4000 TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Minal Krishnamurthy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>2/23/06</i> Telephone # <i>850-668-561</i>					